

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burnt Mills</i>		Town <i>Montg</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>22</i>	Age	<i>35</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>		Months	<i>0</i>
Occupation <i>House attendant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Baker</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Jane Jackson</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>" Baker</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 mos.</i>
Immediate	<i>Syncope</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W T Brown</i>	
<i>Yes</i>		Address <i>Silver Spring Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

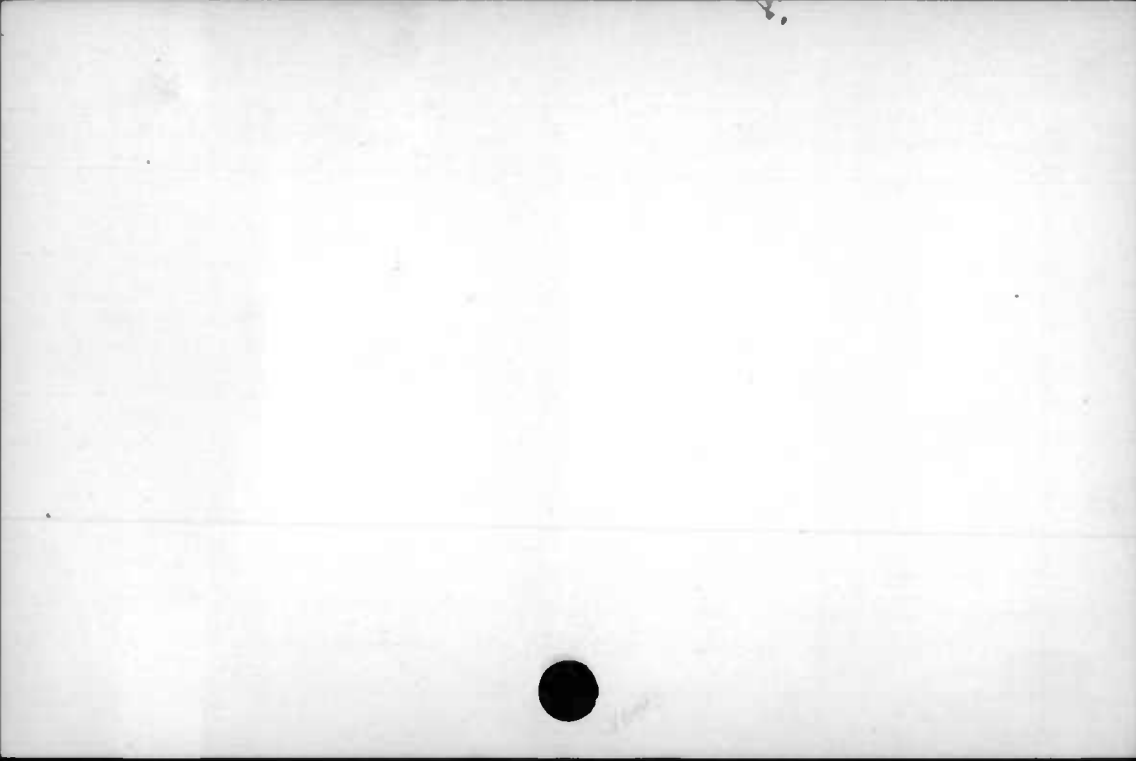
Name in Full <i> Jas. Rich<sup>d</sup> Benson</i>		Town <i>Brookville</i>		County <i>Montg.</i>		MARYLAND	
Died at <i>Brookville</i>		Month <i>Sept.</i>		Day <i>18</i>		Years <i>87</i>	
Date of death <i>1907</i>		Month <i>Sept.</i>		Day <i>18</i>		Age <i>87</i>	
Sex <i>Male</i>		Color or Race <i>American</i>		Birth-place <i>Montg., Co. Md.</i>			
<del>Married</del> <i>Single</i> <del>or Widowed</del>		Occupation <i>Carpenter</i>					
Name of Wife or Husband <i>Lucinda Benson</i>							
Father's Name <i>Wm Benson</i>				Father's Birthplace <i>Montg. Co. Md.</i>			
Mother's Maiden Name <i>Virginia Dowden</i>				Mother's Birthplace <i>Cal.</i>			
Name of person giving information <i>J. W. Benson</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR COSURGEON

Primary <i>Bright's Disease</i>		How long <i>About 2 years</i>	
Immediate <i>Uraemia</i>		How long <i>48 hours ~</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. F. Green</i>	
		Address <i>Brookville, Maryland</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

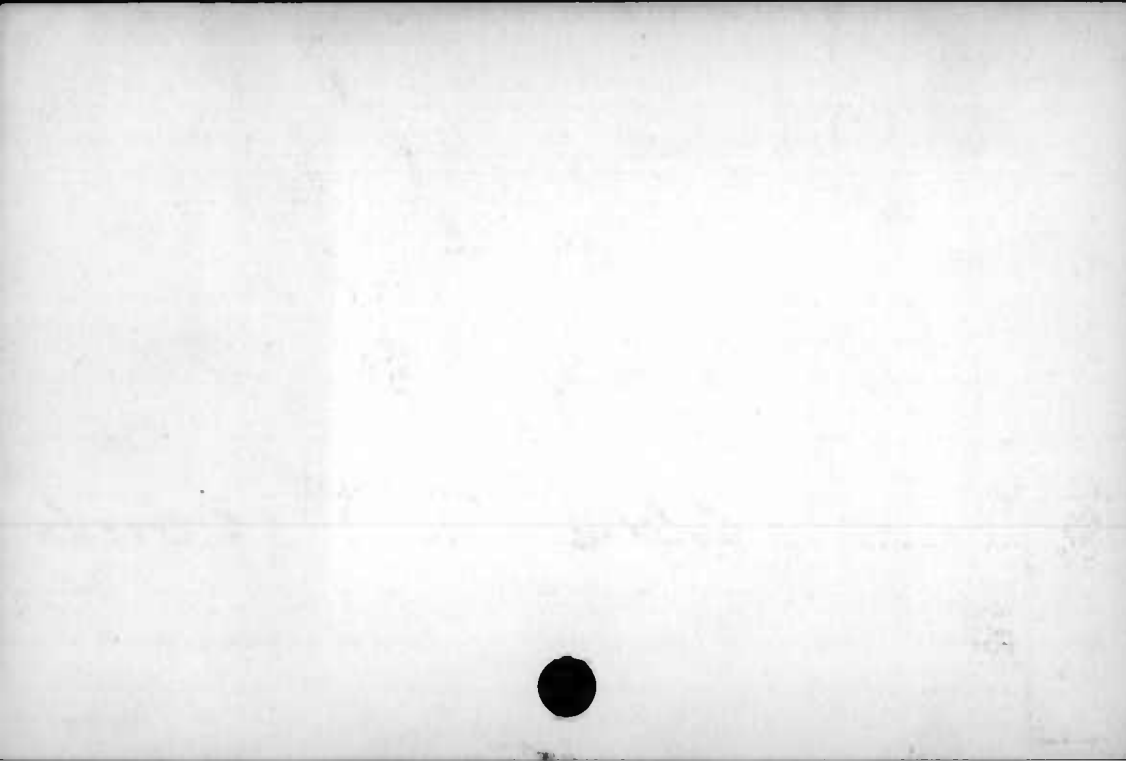
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Francis Marion Brown				TOWN		County		MARYLAND	
Died at		Brighton		Montgomery							
Date of death		1907		Sept		19		Age		11 19	
Sex		Male		Color or Race		White		Birth place		Brighton	
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name		James W Brown		Father's Birthplace		Brighton					
Mother's Maiden Name		Beulah Gertrude		Mother's Birthplace		Brighton					
Name of person giving information		H C Townsend		How related to deceased		Uncle					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis	How long	2 weeks
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		YES	
Signature of Physician		H. B. Spurrier	
Address		Unity	
Accident or Suicide?			



Name  
in  
Full

Mary Annie Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

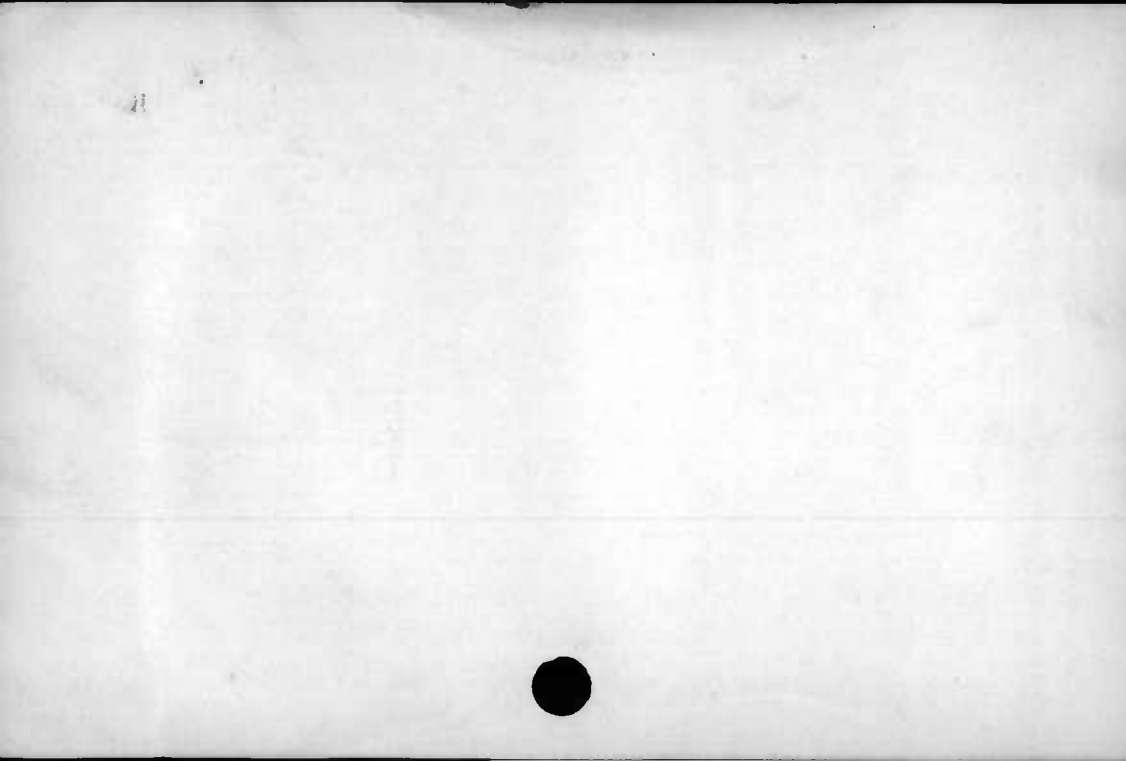
Died at <u>Eteluson</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>Sept.</u> <small>Day</small> <u>24th</u> <small>Years</small> <u>one</u> <small>Months</small> <u>Ten</u> <small>Days</small> <u>Eleven</u>		Age <u>one</u>			
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Eteluson Ind.</u>	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Mansfield Butler</u>		Father's Birthplace <u>Monty Co</u>			
Mother's Maiden Name <u>Elizabeth Riggs</u>		Mother's Birthplace <u>Monty Co</u>			
Name of person giving information <u>Lillie Riggs</u>		How related to deceased <u>Sister</u>			

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary <u>Whooping-Cough with Broncho-Pneumonia</u>	How long _____
Immediate <u>Only saw child but once, about 24 hours before death</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. M. Boyer, M.D.</u>
	Address <u>Damascus Ind.</u>
Accident or Suicide? _____	





Name  
in  
Full

Elsey Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Germananton</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	1907	Month	9	Day	5
Age		Years	27	Months	11
Sex		Male	Color or Race	White	Birth-place
Occupation		Farm Labourer		Where Residing if not at place of death	
Married, <input checked="" type="checkbox"/> Male or <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <u>Minnie Carter</u>			
Father's Name		<u>Jas Carter</u>		Father's Birthplace <u>Pa.</u>	
Mother's Maiden Name		<u>Jane E. Jeffries</u>		Mother's Birthplace <u>Pa.</u>	
Name of person giving information		<u>Jas. Carter</u>		How related to deceased <u>Father</u>	

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary	<u>Tubercular Meningitis</u>	How long	<u>3 mo.</u>
Immediate	<u>Coma</u>	How long	<u>2 da.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>H. D. House M.D.</u>	
		Address	
		<u>Danversville Ind.</u>	
Accident or Suicide?			



Name  
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Full

## CERTIFICATE OF DEATH

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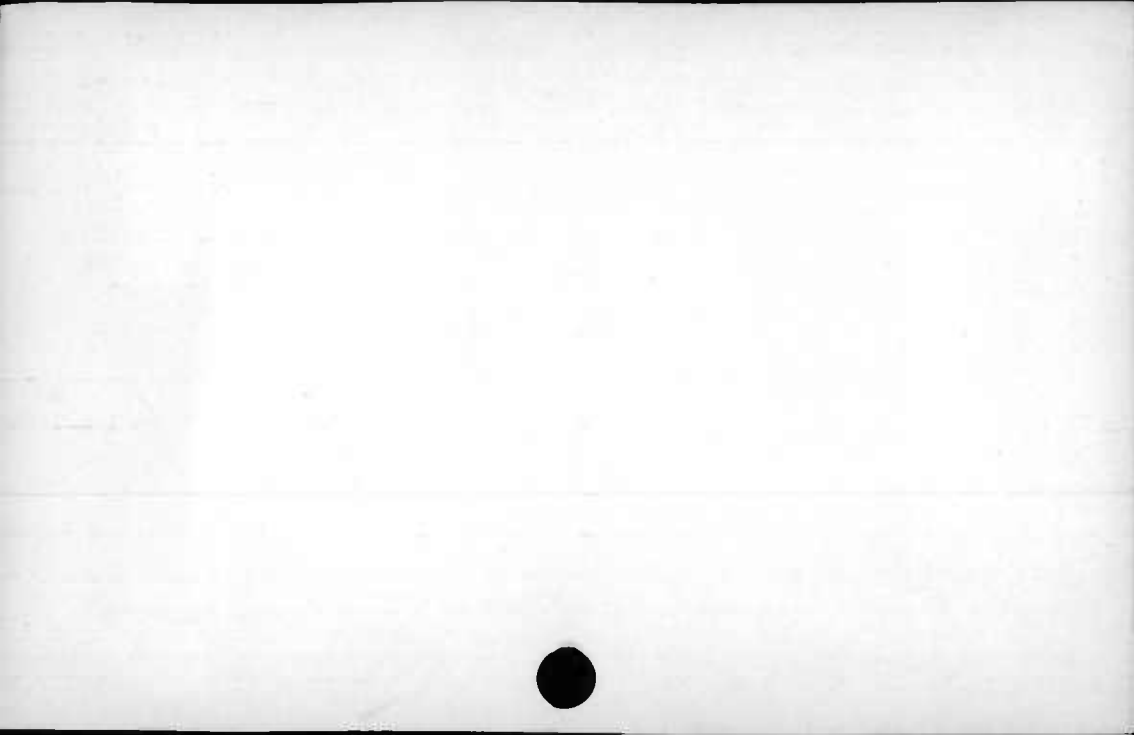
John George Cashell				County		MONTGOMERY		MARYLAND	
Died at		Town		County		Months		Days	
Date		Month		Day		Years		Days	
of death 190		7		9		25		Age 72	
Sex		Male		Color or Race		white		Birth place Maryland	
Married, <del>Single</del> or <del>Widowed</del>				Occupation Farmer					
Name of Wife or Husband				Louisa Beall Cashell					
Father's Name				George Washington Cashell				Father's Birthplace Maryland	
Mother's Maiden Name				Octavia Ewell				Mother's Birthplace Maryland	
Name of person giving Information				Wm B. Beall				How related to deceased Nephew	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary		Mitral regurgitation		How long		one year	
Immediate		gradual exhaustion		How long		one month	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
9				Address			
				Roger Brooke Sandy Spring Md			
Accident or Suicide?							



Name  
in  
Full

*Estlin G. Cissel*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

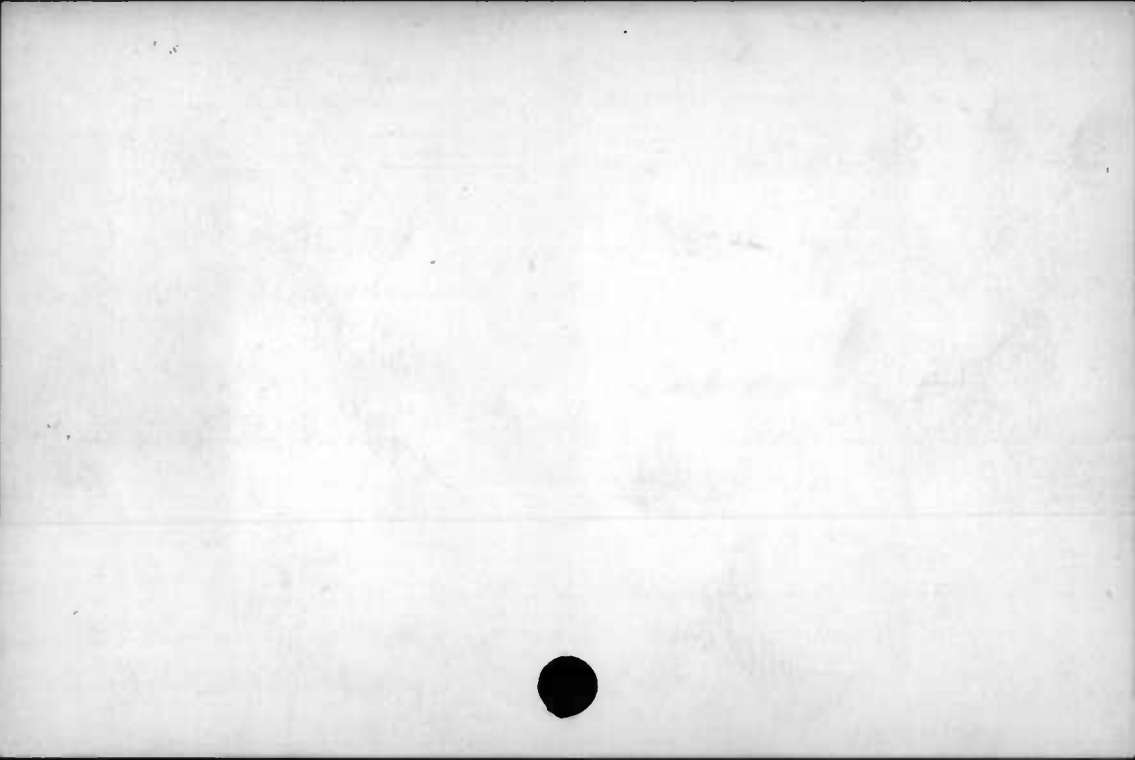
Died at <i>Woodridge</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>Sept.</i> <small>Day</small>	<i>8th</i> <small>Age</small>	<i>58</i> <small>Years</small>	<i>6</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Howard Co Md</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mrs Benjamin Grubbs Cissel</i>		
Father's Name	<i>Samuel Cissel</i>		Father's Birthplace	<i>Howard Co</i>	
Mother's Maiden Name	<i>Margaret Bell</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Chas H. Waters</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

*(27)*

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis &amp; Cancer of Stomach</i>	How long	<i>Three years</i>
Immediate	<i>Transition</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Charles H. Waters M.D.</i>	
		Address	
		<i>Brightwood D.C.</i>	
Accident or Suicide?			



Name

in  
Full

Robert O. Coulter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sandy Spring</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Sept.</i> <sup>Month</sup>	<i>11</i> <sup>Day</sup>	Age <i>40</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>		Color or Race <i>American</i>		Birth-place <i>Md.</i>	
Occupation <i>Sec. &amp; Treas. of Machine Works</i>		Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Emilie Brooke Coulter</i>			
Father's Name <i>James Coulter</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Jessamine Douglas</i>		Mother's Birthplace <i>Atlanta Ga.</i>			
Name of person giving information <i>Emilie B. Coulter</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>In 4<sup>th</sup> week</i>
Immediate <i>Perforation of the bowel</i>	How long <i>about 24 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Brooke, Dr. Green - Dr. Hamberger</i>
	Address <i>Sandy Spring - Brookville, - Balto.</i>
Accident or Suicide? <i>No</i>	<i>At my home.</i>





Name  
in  
Full

Curtis Dangers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Great FallsCounty <sup>County</sup> MontgomeryDate of death 190 <sup>Month</sup> SEP <sup>Day</sup> 27 1907Age <sup>Years</sup> 66 <sup>Months</sup> <sup>Days</sup>

Sex Male

Color or Race White

Birth-place New Jersey

Occupation Retired Policeman

Where Residing if not at place of death X

Married, Single or Widowed Widowed

Name of Wife or Husband X

Father's Name no information

Father's Birthplace New Jersey

Mother's Maiden Name Saxton

Mother's Birthplace New Jersey

Name of person giving information Lizzie Dangers

How related to deceased Daughter-in-law

## CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis

How long One year

Immediate X

How long X

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. J. Pratt

Address Potomac, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide? X

100

(1)



Name  
in  
Full

Murrel E Dixon

## CERTIFICATE OF DEATH

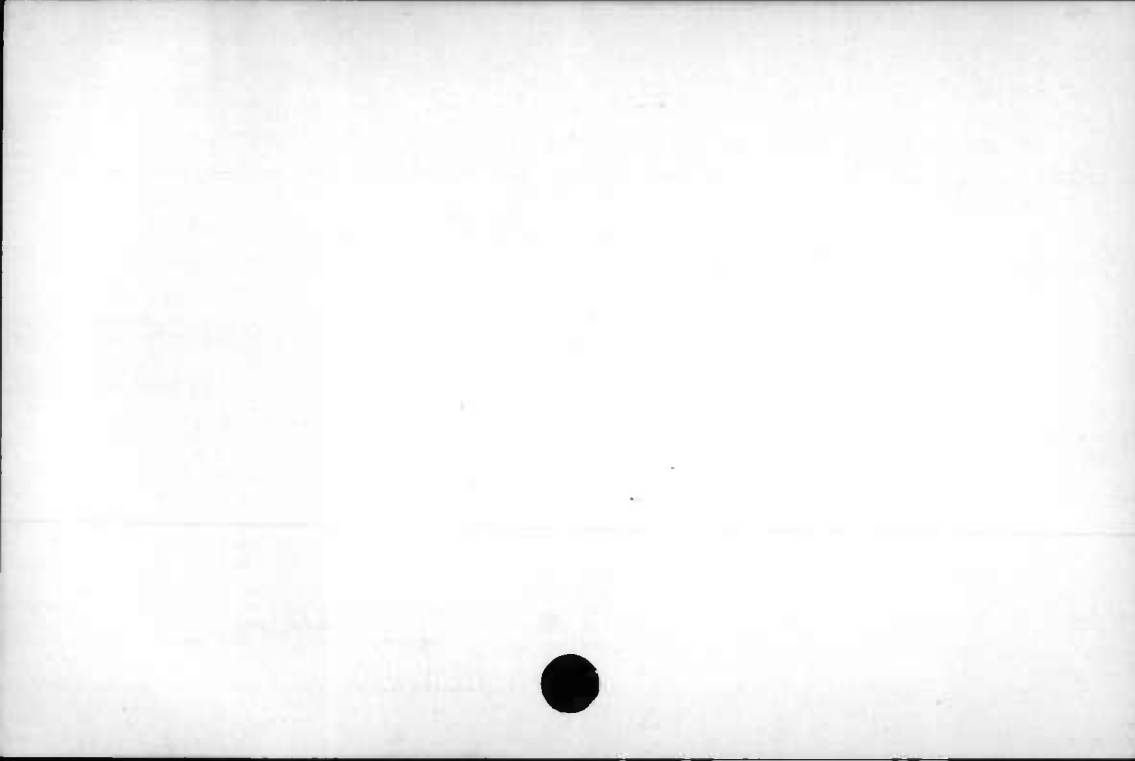
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dickerson</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	1907	Month	September	Day	24
Age	One	Years	Two	Months	—
Sex	Male	Color or Race	White	Birth-place	Dickerson Md
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	John Clement Dixon		Father's Birthplace		
Mother's Maiden Name	Mary Brune		Mother's Birthplace		
Name of person giving information	J E Dixon		How related to deceased		
			Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>1st Colitis</u>	How long	<u>one week</u>
Immediate	<u>Pneumonia</u>	How long	<u>two days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J W Strubbe</u>
	<u>Barnesville</u>	Address	<u>Md</u>
Accident or Suicide?			



Name  
in  
Full

Estelle Frazin

## CERTIFICATE OF DEATH

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NEAREST FRIEND

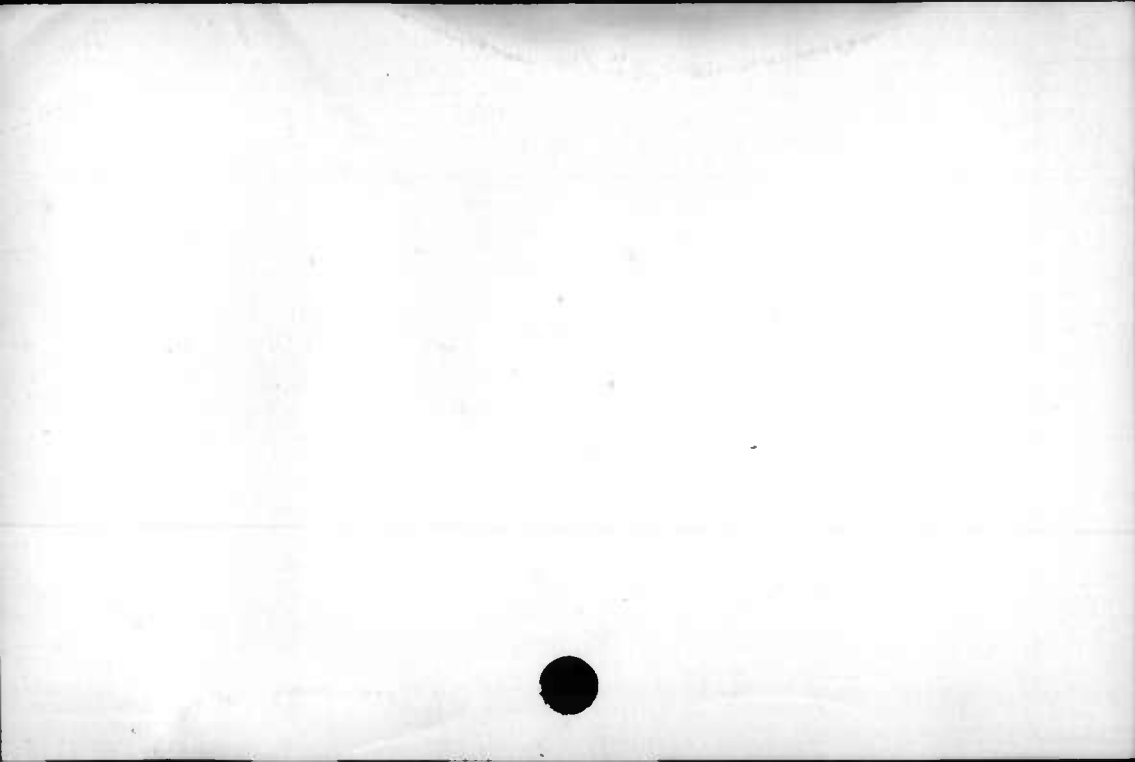
Died at		Town <i>Caytonville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1907	Month <i>Sept</i>	Day <i>10</i>	Age <i>17</i>	Years	Months <i>6</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Montgomery Co</i>				
Occupation <i>Servant</i>			Where Residing if not at place of death —				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>Jimmie H H Frazin</i>				Father's Birthplace <i>Montgomery Co</i>			
Mother's Maiden Name <i>Margaret Jackson</i>				Mother's Birthplace <i>Montgomery Co</i>			
Name of person giving information <i>Jimmie H H Frazin</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>Six months</i>
Immediate	<i>General Exhaustion</i>	How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>V H Dyson M.D.</i>
Address <i>Caytonville Montgomery Co</i>		
Accident or Suicide?		



Name  
in  
Full

William Oliver Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

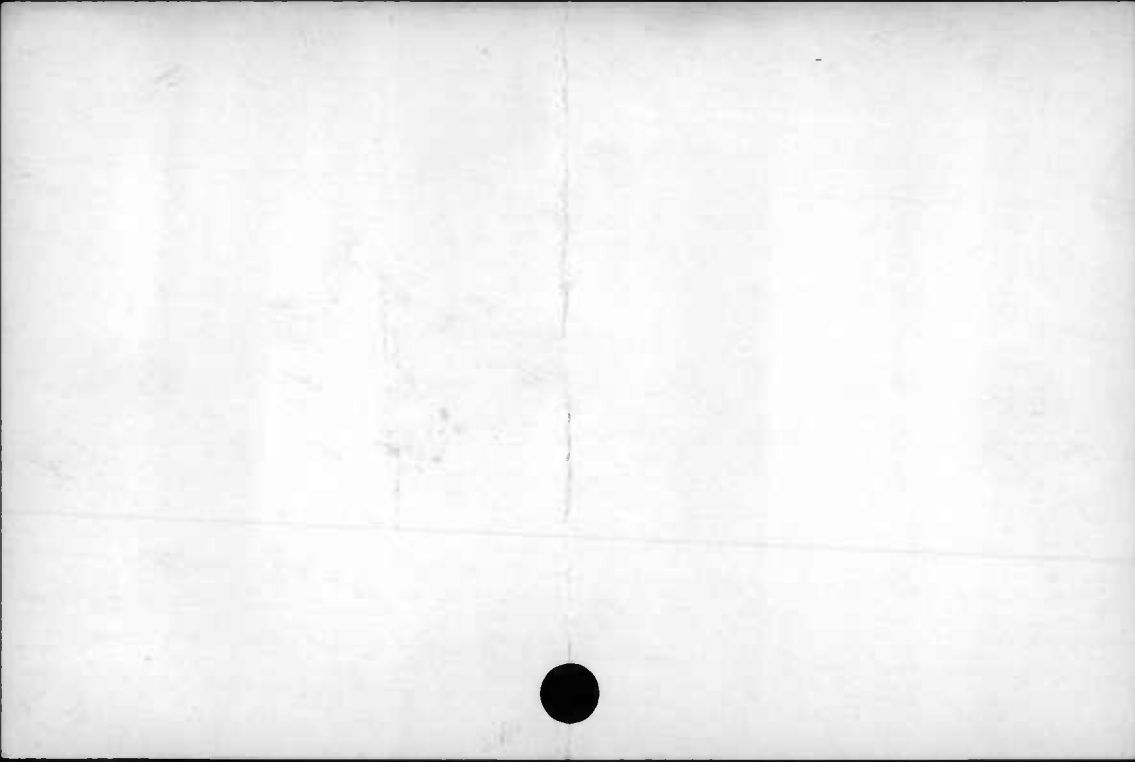
Died at <u>Brinklow</u> <sup>Town</sup>		<u>Montg.</u> <sup>County</sup>		MARYLAND	
Date of death 1907	Month <u>Sept.</u>	Day <u>27</u>	Age <u>16</u> <sup>Years</sup>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Brinklow</u>		
<del>Married, Single</del> <del>or Widowed</del>			Occupation <u>Courtesy Life Guard</u>		
Name of Wife or Husband			<u>18 18 96</u>		
Father's Name <u>John Green</u>			Father's Birthplace <u>Brighton</u>		
Mother's Maiden Name <u>Ida Shipley</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Oliver Green</u>			How related to deceased <u>Grandfather</u>		

CAUSES OF DEATH

1175

PHYSICIAN  
OR CORONER

Primary <u>Acute Poisoning (Coke &amp; Beans)</u>	How long <u>2 1/2 days</u>
Immediate <u>Convulsions &amp; Coma</u>	How long <u>2 "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Aug. Stabler</u>
	Address <u>Brighton Md.</u>
Accident or Suicide?	





Name  
in  
Full

Sorey Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Glen Town Montgomery County MARYLAND

Date of death 1907 Sept 17 14 Age 14 Months 14 Days 14

Sex Female Color or Race Colored Birth-place Maryland

Occupation — Where Residing if not at place of death Glen

Married Single or Widowed Name of Wife or Husband —

Father's Name Nicholas Hall Father's Birthplace Virginia

Mother's Maiden Name Martha Shields Mother's Birthplace Maryland

Name of person giving information Nicholas Hall How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid Fever How long 11 days

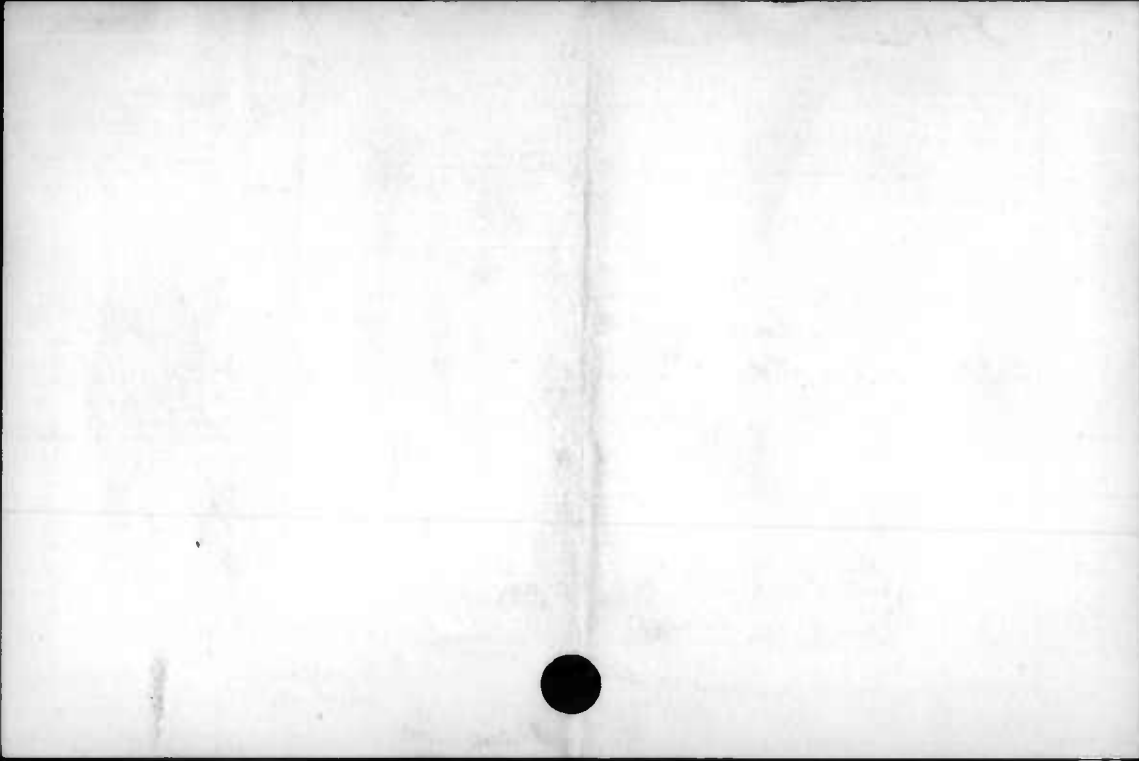
Immediate Exhaustion How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Clairborne H. Hannat

Address Rockville, Md.

Accident or Suicide? —



Name  
in  
Full

Lula D. Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at near Barnesville

County

Montgomery

Date

Month

Day

Years

Months

Days

of death 1907

9

25

Age

34

Sex

Female

Color or  
Race

Negro

Birth-  
place

Montgomery Co. Md.

Occupation

House girl Worked in  
Baths

Where Residing if not  
at place of death

Balls Blk.

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James Hamilton

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Della Hamilton

Mother's  
Birthplace

Md.

Name of person giving  
Information

Physician

How related  
to deceased

None

CAUSES OF DEATH

(27)

Primary

Pulmonary tuberculosis

How long

18 mos.

Immediate

Asphyxia

How long

1 da.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

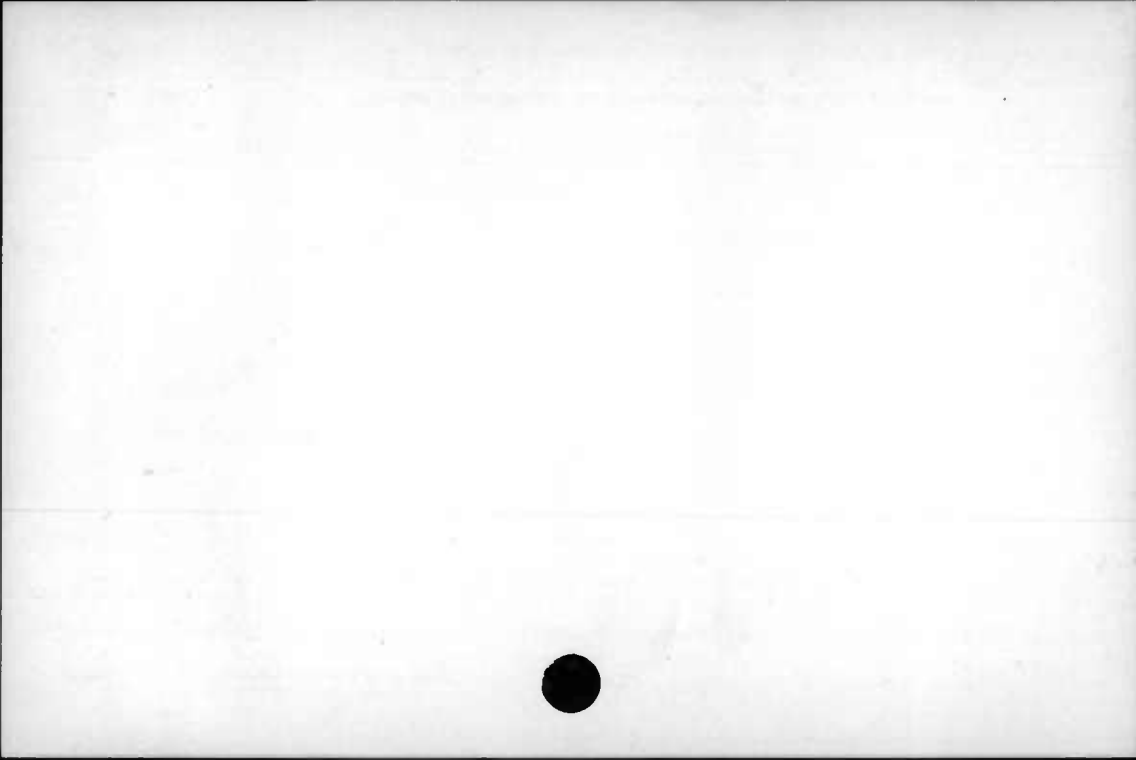
U. D. House M.D.

Address

Barnesville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

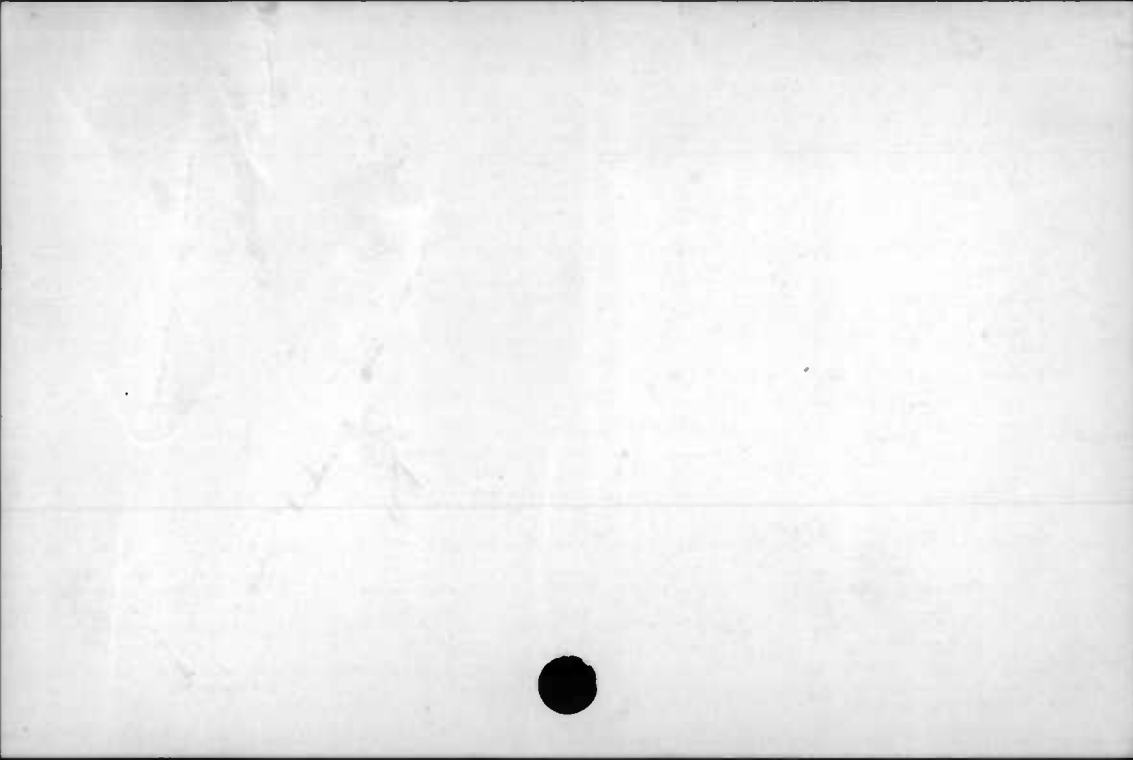


Name in Full		Georgiana Henderson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND		
	Died at		Woodside, Md	Montgomery				
	Date of death 1907	Month	Day	Years	Months	Days		
		Sept	3d	Age	54	10	2	
	Sex	Female		Color or Race	White		Birth-place	Maryland
	Married, Single or Widowed	Widow		Occupation	none			
	Name of Wife or Husband	James T. Henderson (Deceased)						
PHYSICIAN OR CORONER	Father's Name	Johna B. Disney				Father's Birthplace	unrecorded by	
	Mother's Maiden Name	Katharine Leigh				Mother's Birthplace	Washington D.C.	
	Name of person giving information					How related to deceased		
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Disease of liver				How long	Several years	
	Immediate	Catarrhal jaundice				How long	about 8 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Chas T. Caldwell		
					Address	1309 - 9th St NW. Washington D.C.		
	Accident or Suicide?		No					

Grace Espie & Co. Luncheon wood side  
and

W. L. Jones

Name in Full		Adolphus Hughes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Poolesville		County		MARYLAND	
	Date of death	1907	Sept.	20	Age	63	Months 57 Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Md.	
	<del>Single or Widowed</del>	Name of Wife or Husband					
	Father's Name	Joseph Hughes		Father's Birthplace	Md.		
Mother's Maiden Name	Katharine Reffner		Mother's Birthplace	Md.			
Name of person giving information	Wm. Hookinson		How related to deceased	Nephew			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long	119	
	Immediate	Acute Nephritis			How long	5 days	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	B. W. Walling	
					Address	Poolesville	
	Accident or Suicide?	No			Md.		





Name  
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## CERTIFICATE OF DEATH

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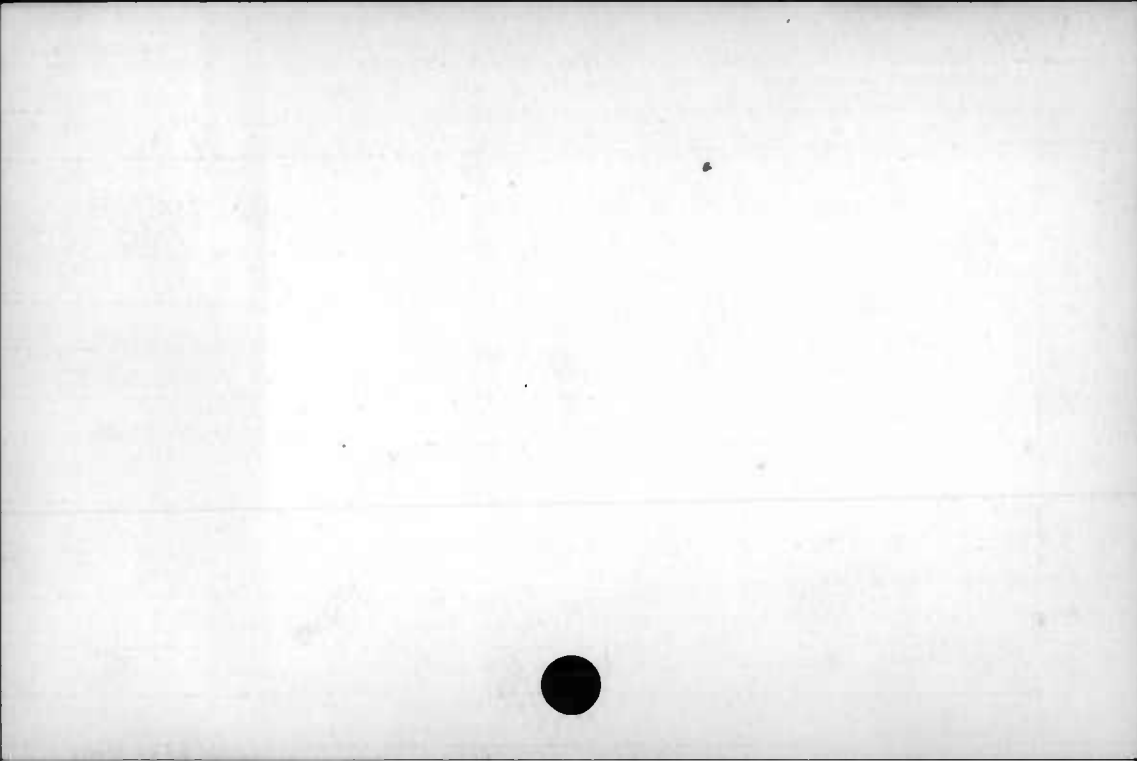
Name in Full <i>Enterprise Wilkie Jones</i>		Town <i>Silver Spring</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Silver Spring</i>		Month <i>Sept</i>		Day <i>13</i>		Years <i>59</i>	
Date of death 190 <i>7</i>		Month <i>Sept</i>		Day <i>13</i>		Years <i>59</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Charleston S.C.</i>		Months <i>11</i>	
Married Single <input checked="" type="checkbox"/> Widowed		Occupation <i>Housewife</i>		Days <i>12</i>			
Name of Wife or Husband <i>William H. Jones</i>				Father's Birthplace <i>England</i>			
Father's Name <i>Thos. H. Croft</i>				Mother's Birthplace <i>S.C.</i>			
Mother's Maiden Name <i>Anna Eliza Wilkie</i>				How related to deceased <i>Son</i>			
Name of person giving information <i>Frank C. Jones</i>							

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Rephritis</i>		How long <i>one year</i>	
Immediate <i>Cerebral hemorrhage</i>		How long <i>7 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Arthur T. Garbano</i>	
		Address <i>14 Kenna Park, W.C.</i>	
Accident or Suicide?			



Name  
in  
Full

Joseph Vernon Miles

## CERTIFICATE OF DEATH

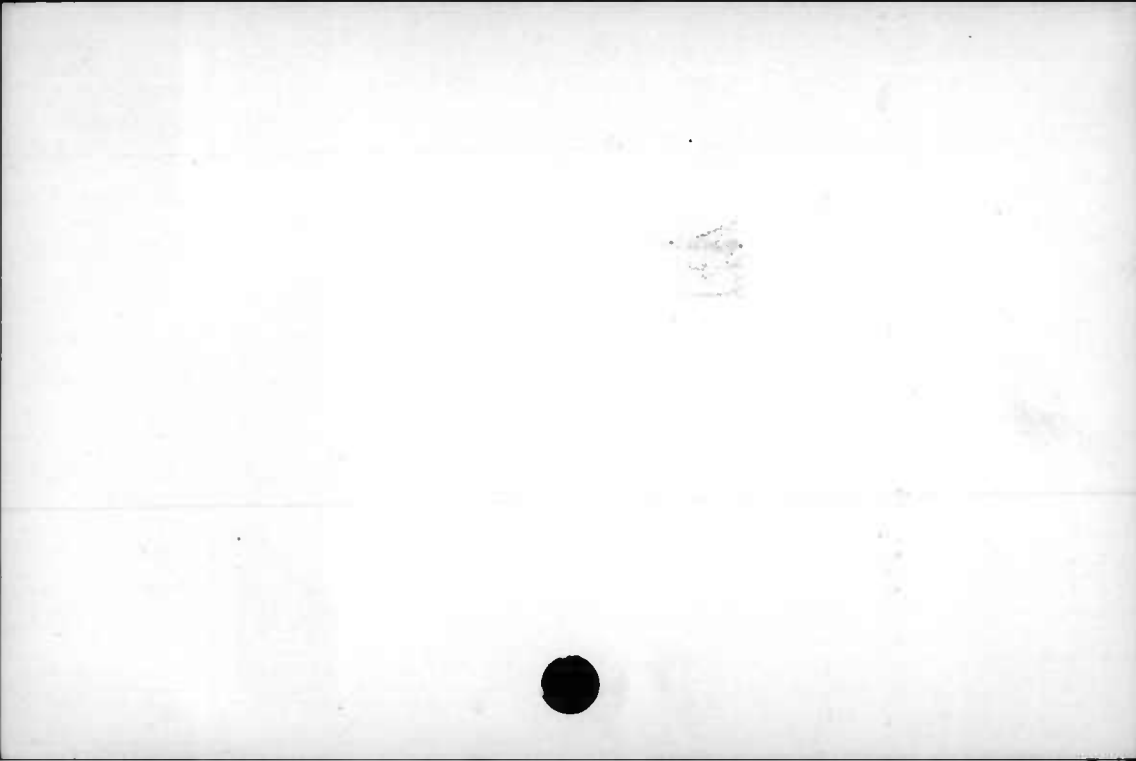
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Seneca</u> <small>Town</small>		<u>Maryland</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age	<u>4</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Seneca Md.</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Vernon Miles</u>			Father's Birthplace	<u>Maryland.</u>
Mother's Maiden Name	<u>Betty Estworthy</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Mother (Betty Miles)</u>			How related to deceased	<u>mother</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>4 weeks</u>
Immediate	<u>Convulsions</u>	How long	<u>6 hrs</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>A. D. Kourse</u>
<u>yes</u>		Address	<u>Danville Md</u>
Accident or Suicide?			



Name  
in  
Full

Sarah Anne Mock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

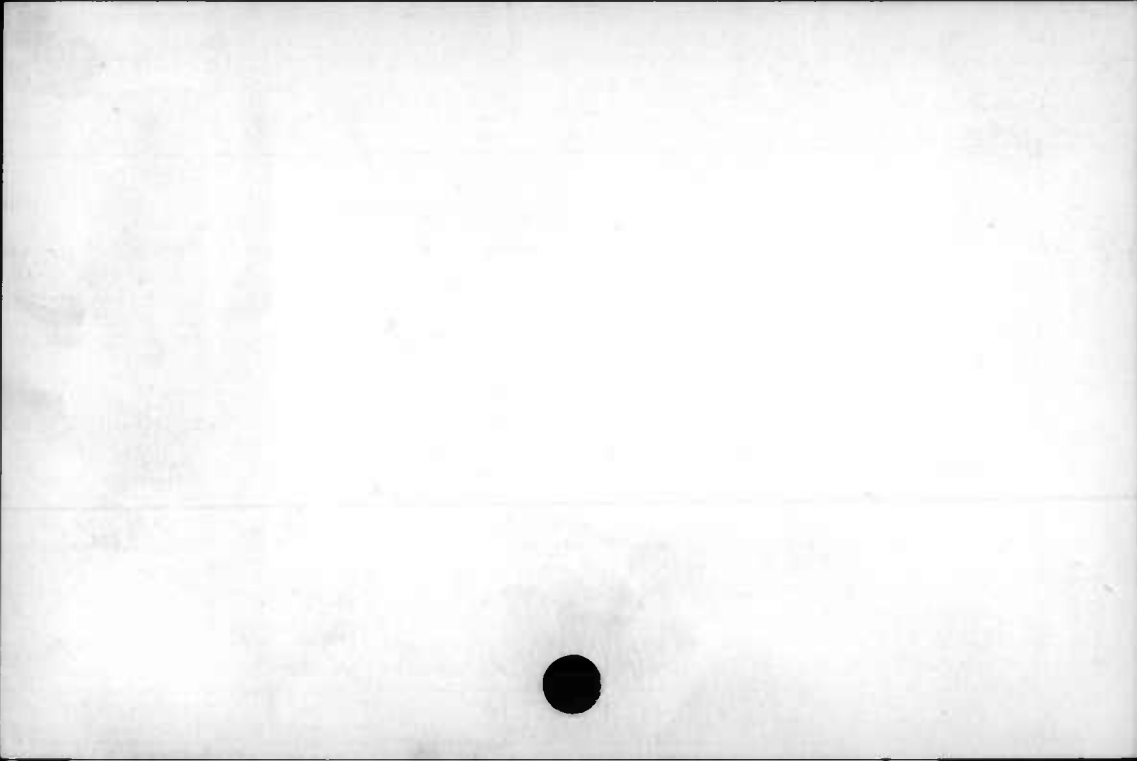
Died at <sup>Town</sup> <i>near Potomac</i>		<sup>County</sup> <i>Montgomery</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>9</i>	Day <i>25</i>	Age <i>55</i>	Months <i>5</i> Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jno. Mock</i>				
Father's Name <i>Jno. Goodhart</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Lucinda Palmer</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Jno. Goodhart</i>	How related to deceased <i>Sister-in-law</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic nephritis</i>	How long <i>3 yrs</i>
Immediate <i>Uremia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Lushington</i>
	Address <i>Rockville Md</i>
Accident or Suicide? <i>2</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Silver Spring* <sup>Town</sup> *Montgomery* <sup>County</sup>Date of death 190 *7* <sup>Month</sup> *Sept.* <sup>Day</sup> *2* Age *10* <sup>Years</sup> *3* <sup>Months</sup> *18* <sup>Days</sup>Sex *Male* Color or Race *white* Birth-place *W.D.*☒ Married, Single or WidowedOccupation *Student*

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

20

Primary

How long

Immediate

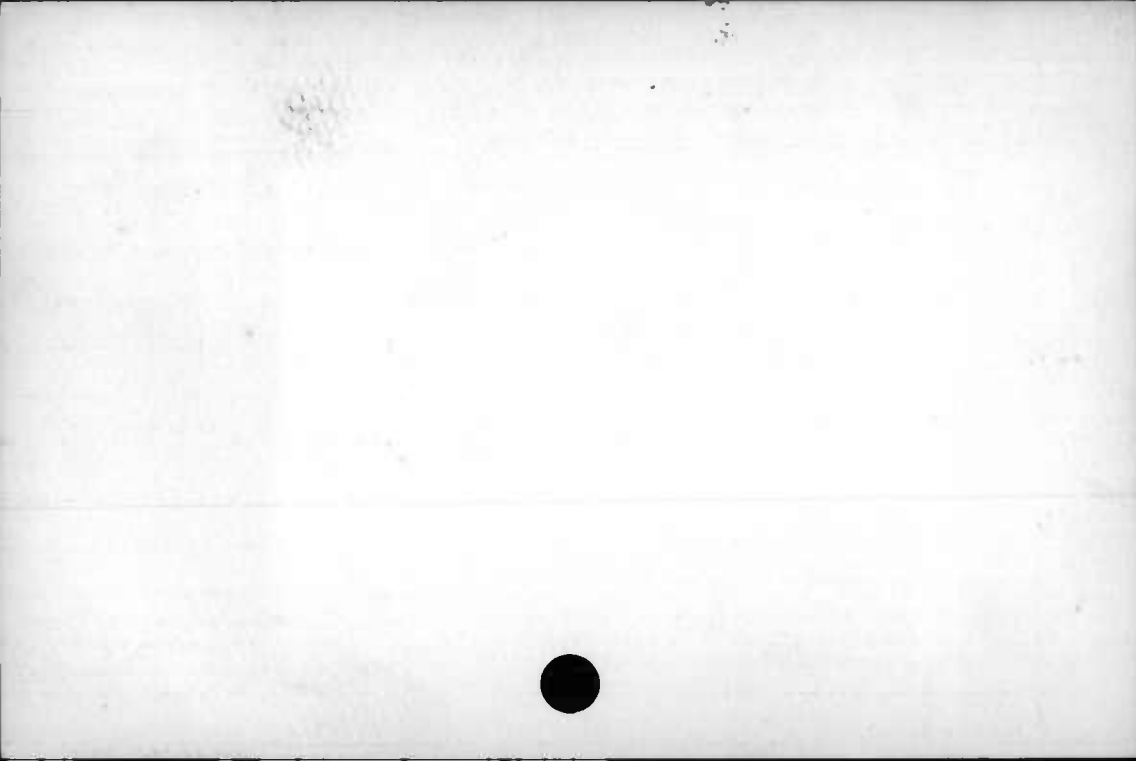
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

Elizabeth Onley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

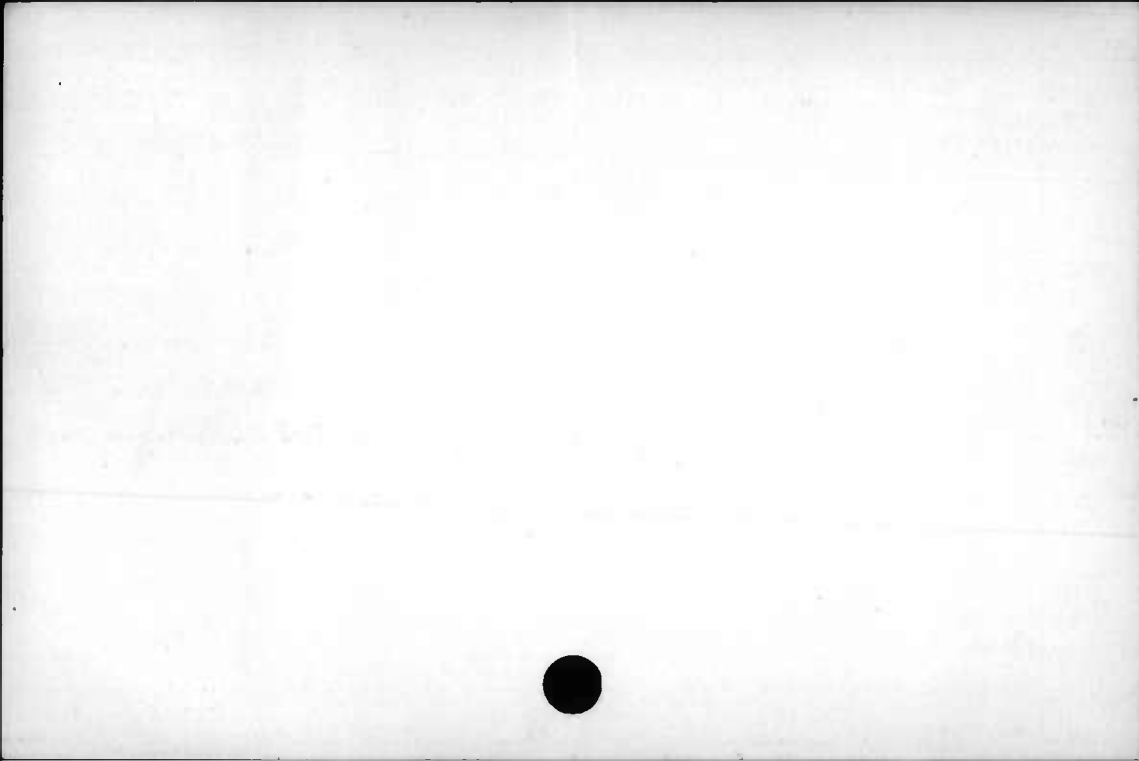
Died at		Town <i>Barnesville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1907	Month	<i>September</i>	Day	<i>13</i>	Age	<i>45</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birthplace	<i>Dickerson</i>
Occupation	<i>House wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Leontin Onley</i>				
Father's Name	<i>Stephen Williams</i>					Father's Birthplace	<i>11</i>
Mother's Maiden Name	<i>Elizabeth Williams</i>					Mother's Birthplace	
Name of person giving information	<i>Leontin Onley</i>					How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	<i>Bright's Disease</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. H. Stoneshaw</i>
<i>Yes</i>		Address	<i>Barnesville Md.</i>
Accident or Suicide?			



Name  
in  
Full

Carrie Hammond Pratt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

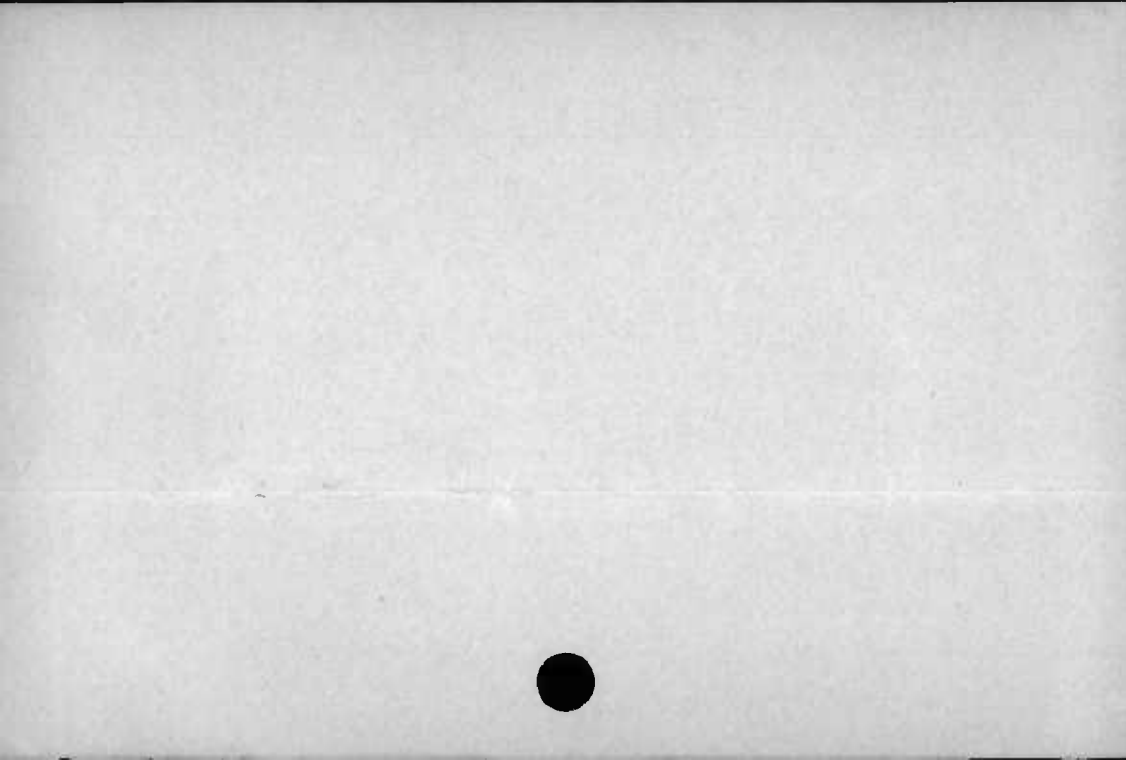
Died at		Town Norbeck		County Montgomery		MARYLAND	
Date of death	1907	Month Sep.	Day 28	Age	28	Months about 6	Days —
Sex	Female		Color or Race	Colored		Birth-place	Montg. Co. Md.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of <del>Wife</del> Husband	Hermion Pratt.			
Father's Name	Joseph S. Hammond					Father's Birthplace	Howard Co. Md.
Mother's Maiden Name	Fannie Clarke					Mother's Birthplace	Montg. Co. Md.
Name of person giving information	Chas. W. Johnson					How related to deceased	Brother in law

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	1 1/2 years
Immediate	Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	Chas. Farquhar
			Address	Olney, Md.
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

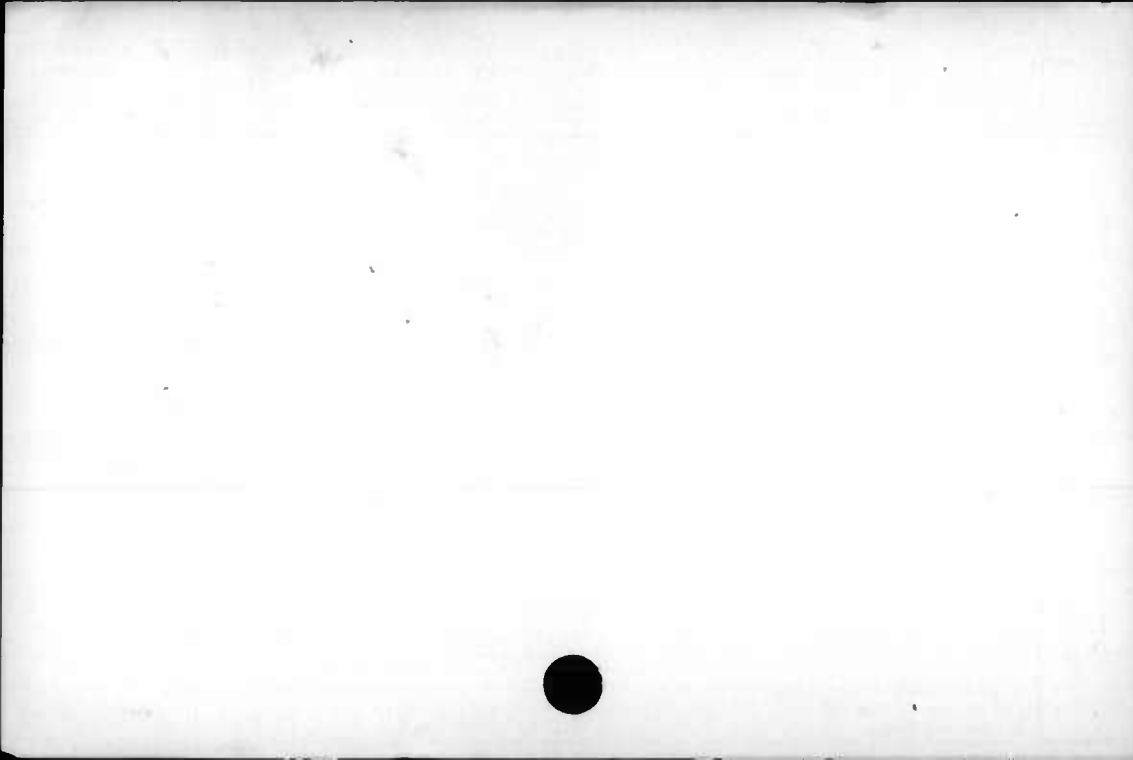
Name in Full <b>Louis C Riddlemoser</b>		Town <b>Garthursburg</b>		County <b>Montgomery</b>		State <b>MARYLAND</b>	
Died at <b>Garthursburg</b>		Month <b>Sept</b>		Day <b>26</b>		Year <b>1907</b>	
Date of death <b>1907 Sept 26</b>		Age <b>35</b>		Months <b>0</b>		Days <b>0</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Fredrick</b>			
Occupation <b>Cabinet Maker</b>		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband _____					
Father's Name <b>Louis W Riddlemoser</b>		Father's Birthplace <b>Maryland</b>					
Mother's Maiden Name <b>Alice Stupe</b>		Mother's Birthplace <b>Maryland</b>					
Name of person giving information <b>Louis W Riddlemoser</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<b>Pulmonary Tuberculosis</b>	How long	<b>4 years</b>
Immediate	<b>Exhaustion</b>	How long	<b>1 Week</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>E. C. Etchison</b>	
		Address <b>Garthursburg</b>	
Accident or Suicide? <input checked="" type="checkbox"/>		<b>Montgomery Co. Md.</b>	



Name  
in  
Full

Mildred E. Riggs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

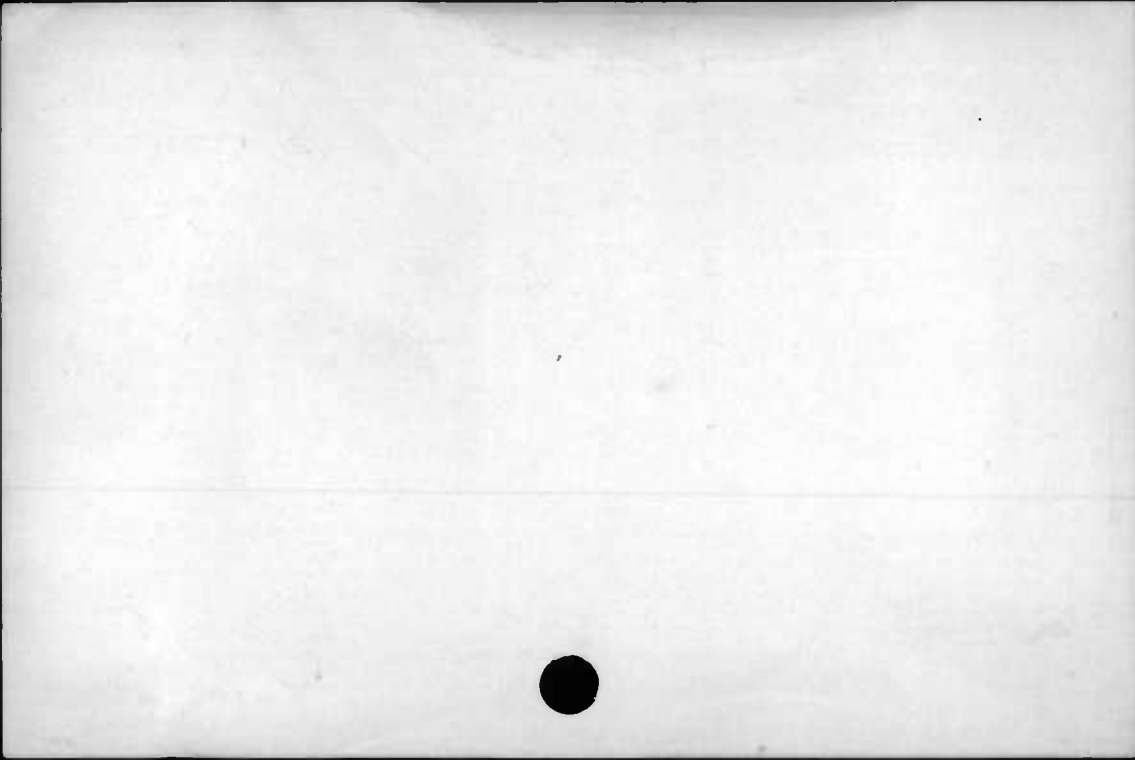
Died at		Town Echison		County Montgomery			
Date of death	1907	Month Sept.	Day 6th	Age 2	Years 7	Months 4	Days 25
Sex	Female		Color or Race	Colored		Birth- place	Echison, Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			John F. Riggs			Father's Birthplace	
Mother's Maiden Name			Mary Lee			Mother's Birthplace	
Name of person giving Information			John Riggs			How related to deceased	
						Father	

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	Whooping Cough with Bronch. Pneumonia	How long under my care	eight (8) days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Geo. M. Boyer, M.D.	
		Address	
		Damascus, Md.	
Accident or Suicide?			





Name  
in  
Full

Della Shields

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Travelah  
TownMontgomery  
County

MARYLAND

Date

of death 190

Month

SEP 4 - 1907

Day

Age

Years

16

Months

X

Days

X

Sex

Female

Color or  
Race

Black

Birth-  
place

Montg' Co. Md.

Occupation

School

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

Mr. Shields

Father's  
Birthplace

S.C.

Mother's  
Maiden Name

Katie Downey

Mother's  
Birthplace

Md.

Name of person giving  
Information

Mr. Shields

How related  
to deceased

Father

## CAUSES OF DEATH

(1)

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever  
Peritonitis

How long

19 days

Immediate

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

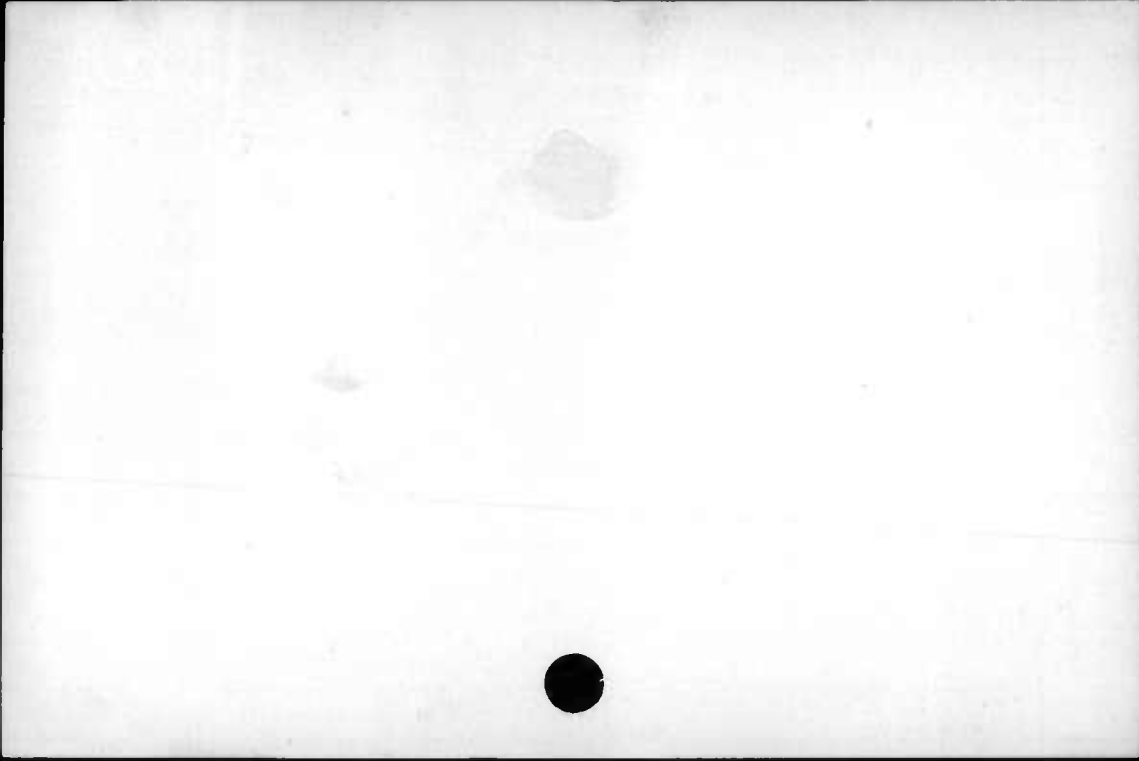
H. J. Pratt

Address

Potomac, Md.

Accident or Suicide?

X



Name  
in  
Full

Earnest Lee Smith

## CERTIFICATE OF DEATH

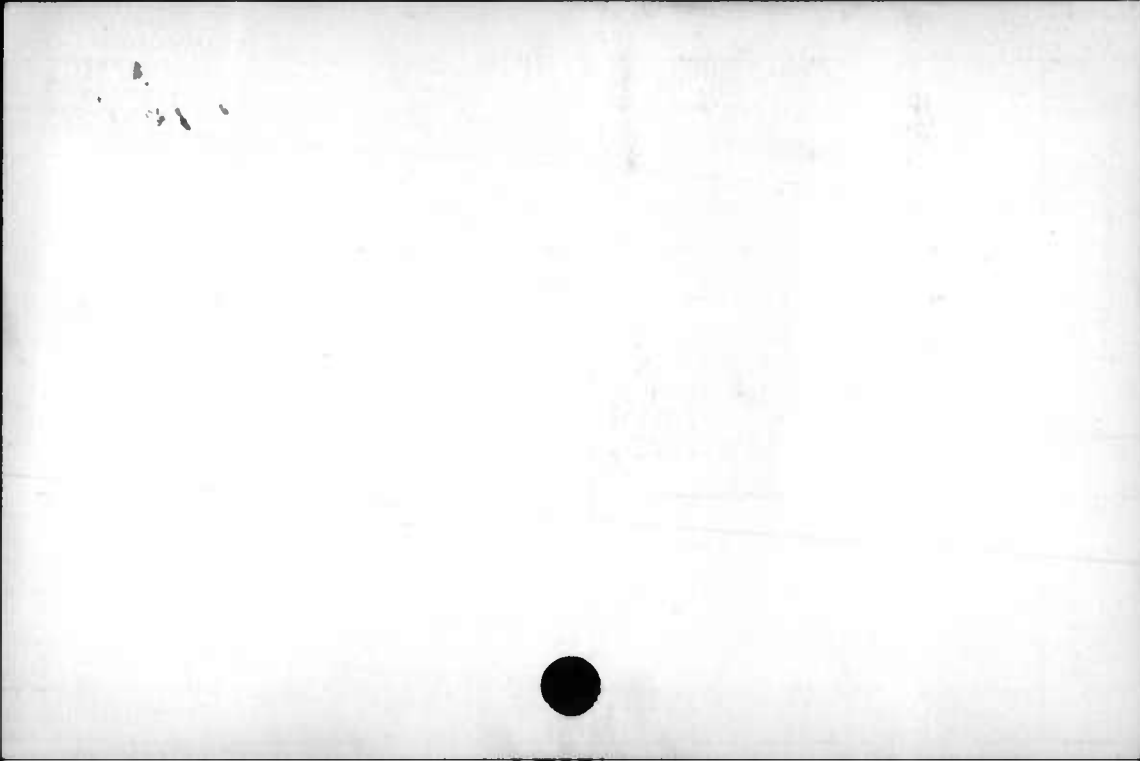
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town- <i>Leolville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept.</i>	Day <i>1</i>	Age <i>0</i>	Years <i>0</i>	Month <i>2</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth- place <i>md</i>				
Occupation <i>0</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Edward Smith</i>			✓		Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Annie "</i>					Mother's Birthplace <i>md.</i>		
Name of person giving Information <i>Geo. Brooke</i>					How related to deceased <i>Not at all</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	(151)	How long <i>2 max.</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Brown M.D.</i>	Address <i>Silver Spring md.</i>
<i>Yes.</i>		
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

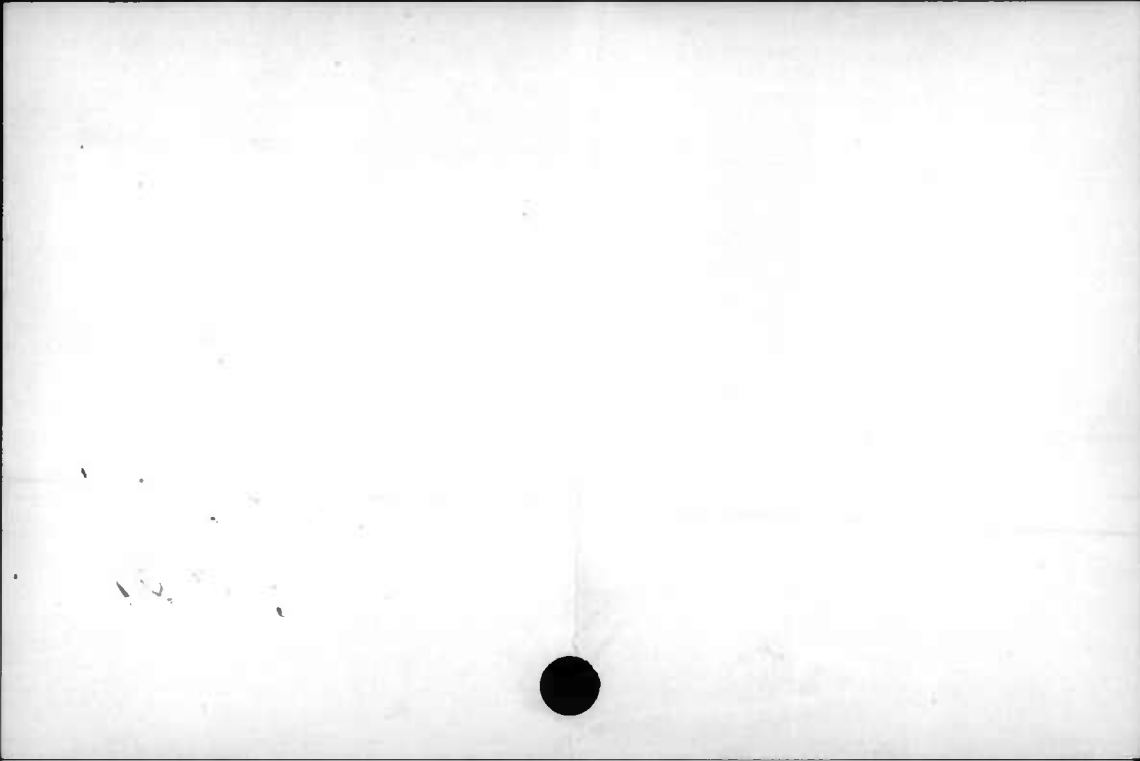
Name in Full <i>James Bernard Smith</i>		Town <i>Stonem</i>		County <i>Montg</i>		MARYLAND	
Died at <i>Stonem</i>		Month <i>Sept</i>		Day <i>8</i>		Age <i>34</i>	
Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>8</i>		Age <i>34</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth place <i>Md.</i>		Months <i>2</i>	
Occupation <i>Farm Hand</i>		Where Residing if not at place of death		Birth place <i>Md.</i>		Days <i>0</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>		Father's Birthplace <i>Va.</i>		Mother's Birthplace <i>Md.</i>	
Father's Name <i>Albert Smith</i>		Mother's Maiden Name <i>Alice Stephenson</i>		Name of person giving information <i>Charlie Smith</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Gun-shot wound</i>		How long <i>3 min</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos Brown M.D.</i>	
Accident or Suicide <i>Homicide</i>		Address <i>Silver Spring</i>	



Name  
in  
Full

Mabel Stuart  
Bethesda

Montgomery  
County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

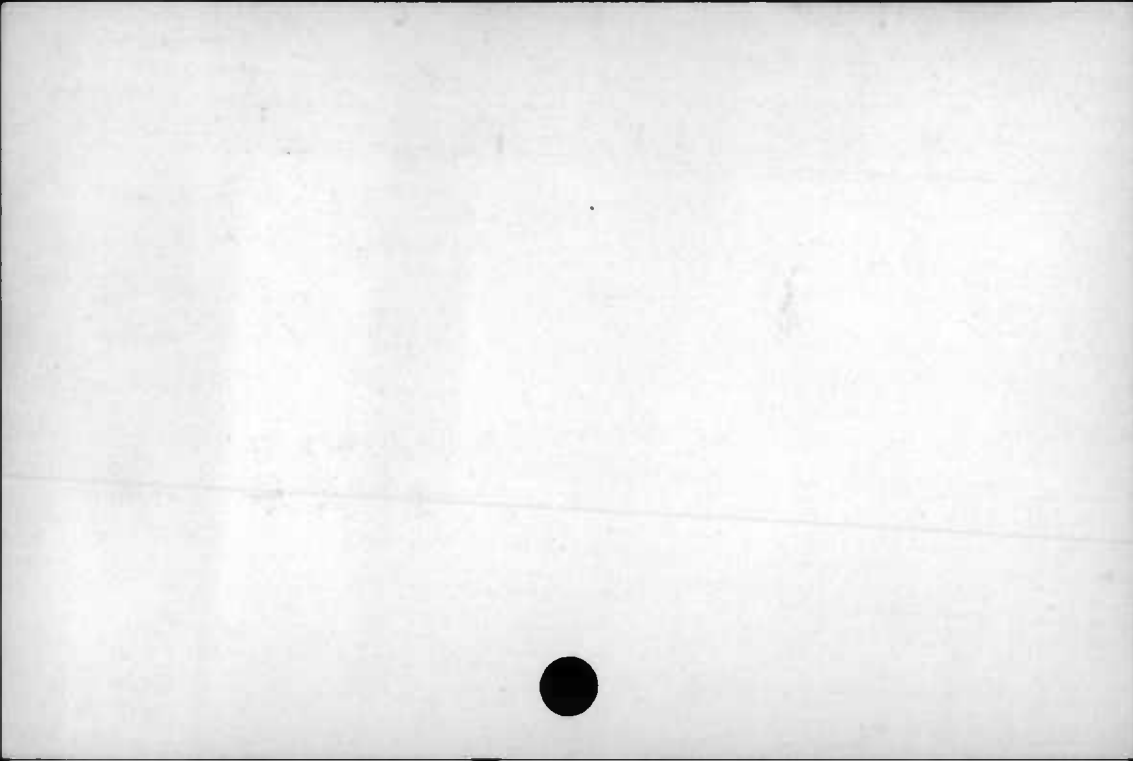
Died at		Town		County		STATE	
Date of death		Month	Day	Age	Months	Days	
1907		Sept	1st	X	1	19	
Sex	Female			Color or Race	White		
Occupation	~			Birth-place	D.C.		
Where Residing if not at place of death				~			
Married, Single or Widowed	~			Name of Wife or Husband	~		
Father's Name	~ unknown			Father's Birthplace	~ unknown		
Mother's Maiden Name	~ unknown			Mother's Birthplace	~ unknown		
Name of person giving information	Miss E. Flynn			How related to deceased	none		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malnutrition	How long	3 weeks
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Myers Hunter M.D.
		Address	Foundling Hospital Bethesda Md.
Accident or Suicide?	~		

151





Name  
in  
Full

## CERTIFICATE OF DEATH

George Vinson

Town

County

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Germantown

Montg.

Date

of death

190

Month

Sept

Day

26

Years

Age 23

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Darnestown

Occupation

Black

Where Residing if not  
at place of death

Keedysville, Md.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Mr E. D. Vinson

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary V. Rice

Mother's  
Birthplace

Md.

Name of person giving  
Information

Willie E. Rice

How related  
to deceased

Aunt

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pleurisy

How long

One Month

Immediate

Tuberculosis

How long

Three years

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

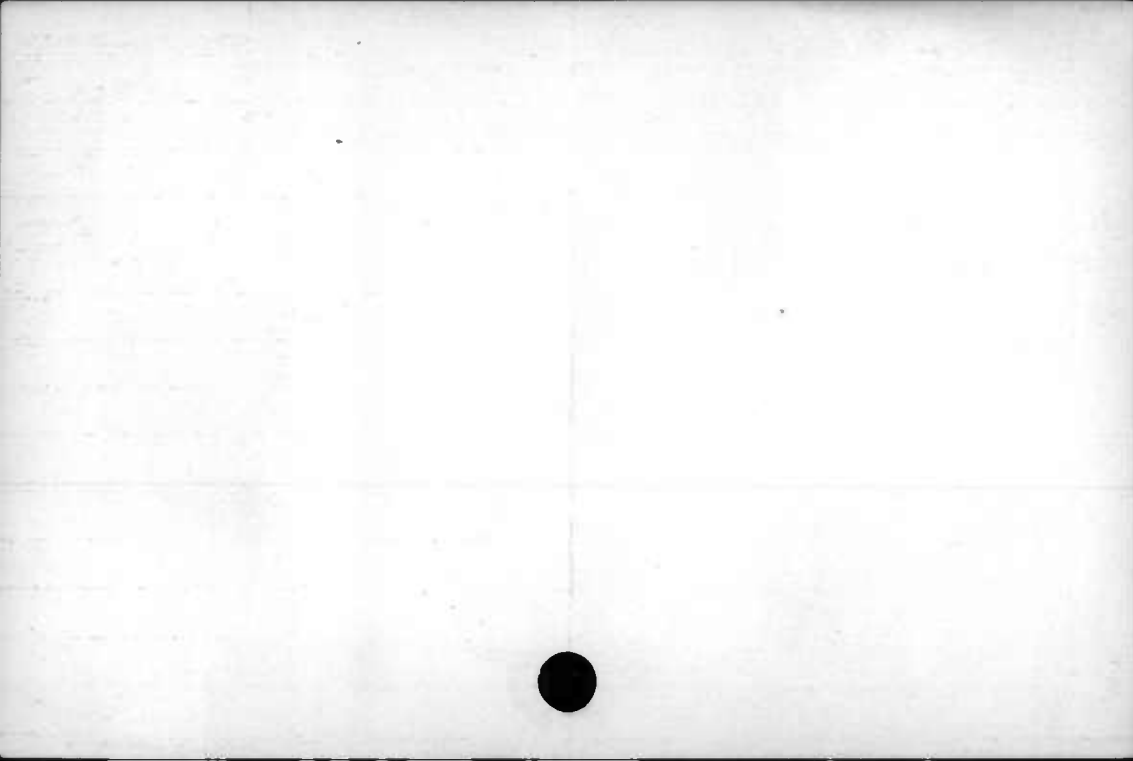
J. N. Simpson

Germantown

Md.

Accident or Suicide?

9



Name  
in  
Full

## CERTIFICATE OF DEATH

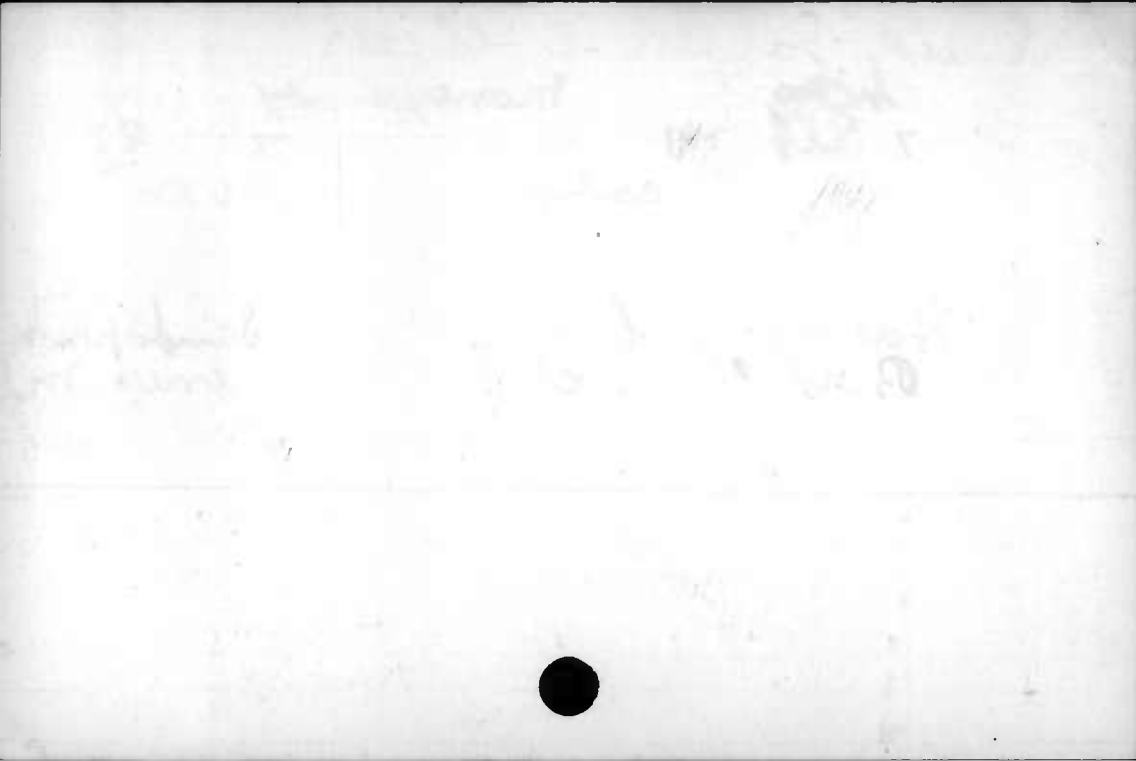
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Derwood</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>9</i>	Day <i>15</i>	Age <i>16</i>	Years <i>9</i> Months <i>16</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>John Weaver</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Dulcy Pector</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Dulcy Weaver</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastro-enteritis</i>	<i>105</i>	How long <i>30 days</i>
Immediate <i>Exhaustion</i>		How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Mannar</i>	
	Address <i>Rockville, Md.</i>	
Accident or Suicide? <i>No</i>		



Name  
in  
Full

Essie Golden - Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

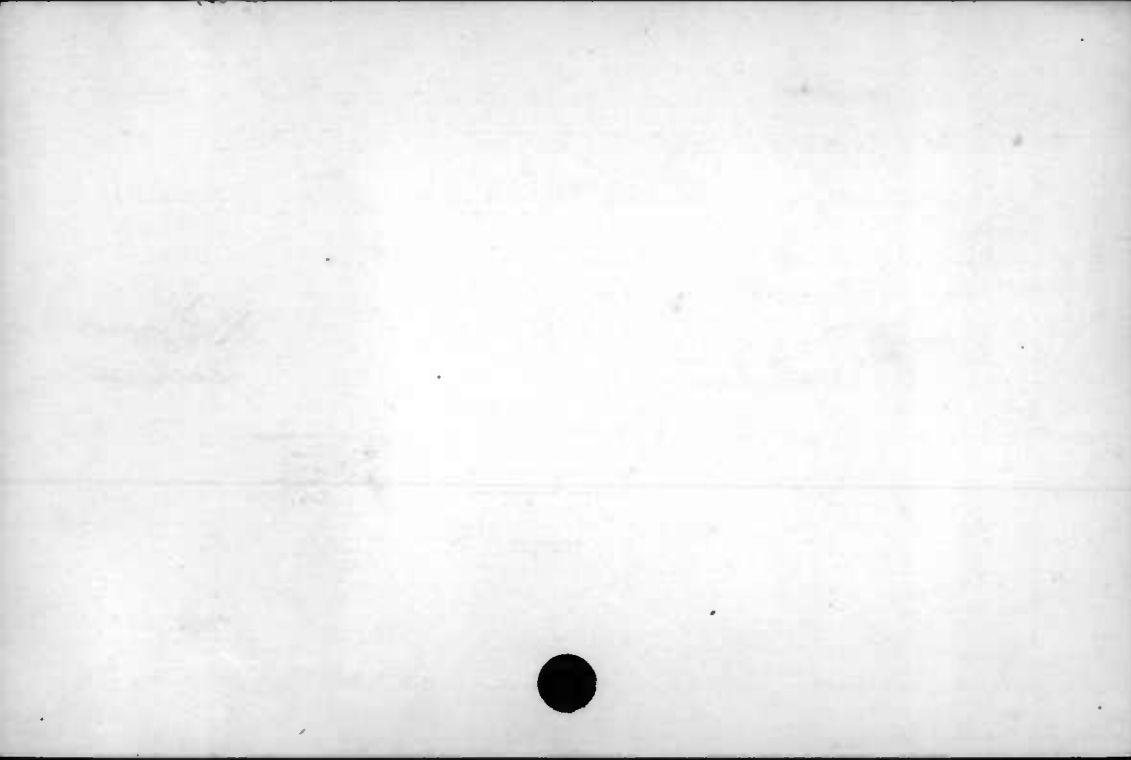
Died at <sup>Town</sup> <i>home</i>		<sup>County</sup> <i>Montgomery</i>		MARYLAND	
Date of death <i>1907</i> <i>Sept</i> <i>4</i>		Age <i>7</i> Years		Months <i>7</i> Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>unity</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Harry Webster</i>		Father's Birthplace <i>Sand Spring</i>			
Mother's Maiden Name <i>Birdie Burkley</i>		Mother's Birthplace <i>unity md</i>			
Name of person giving information <i>Birdie Burkley</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

**(105)**

PHYSICIAN  
OR CORONER

Primary	<i>Acute Diarrhoea</i>	How long	<i>1 week</i>
Immediate	<i>Bronchitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. G. Spurrer</i>	
<i>YES</i>		Address <i>unity</i>	
Accident or Suicide?			



Name  
in  
Full

Everett Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bethesda</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	1907	Month	Sept	Day	27 <sup>th</sup>
Age		Years	11	Months	21
Sex	Male	Color or Race	White	Birth-place	Washington D.C.
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary	<u>Congenital Syphilis</u>	How long	<u>a</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>John L. Lewis M.D.</u>	
		Address	
		<u>Bethesda</u>	
		<u>M.D.</u>	
Accident or Suicide?			

